COLUMBUS DIVISION OF POLICE REGIONAL TRAINING CENTER JAMES G. JACKSON TRAINING ACADEMY

1000 North Hague Avenue Columbus, Ohio 43204

Fax: (614) 645-4246

Advanced Training Phone: (614) 645-4800

REGISTRATION FORM

Complete one form for each student and each course. Please print.

Name:		Title:
Last First	t Middle	
Gender: M / F DOB://	Daytime Phone: ()
Agency:		
Address:		
City:	State:	Zip:
Agency's Telephone Number: ()	Agency Fax	Number: ()
Student's E-Mail Address:		
Course Information:		
Course Title:		
Course Date(s):	Total Cost:	
~	attend and do not cancel the registr d an administrative fee equal to one	0 1
Billing Information: Check one: Payment enclosed Male	ike check payable to	
Send invoice		
Send Invoice To:		
Billing Address:		
City:	State:	Zip:
Student's Signature	Authorizing Signature	e Date